

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000067500

FILED
Apr 16, 2009
Secretary of State

Entity Name: BUTTERFLY ESTHETIC SERVICES, INC.

Current Principal Place of Business:

1732 NE 26TH ST
#202
FORT LAUDERDALE, FL 33305

New Principal Place of Business:

Current Mailing Address:

1732 NE 26TH STREET
#202
FT LAUDERDALE, FL 33305

New Mailing Address:

FEI Number: 65-0870226 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LATONA, JOANNE P
1732 NE 26TH STREET
#202
FT LAUDERDALE, FL 33305 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LATONA, JOANNE P
Address: 1732 NE 26 STREET, #202
City-St-Zip: FT LAUDERDALE, FL 33305

Title: V () Delete
Name: BROWN, LYNN D
Address: 1732 NE 26 STREET, #202
City-St-Zip: FT LAUDERDALE, FL 33305

Title: SEC () Delete
Name: LATONA, JOSEPH P
Address: 811 NW 72 AVENUE
City-St-Zip: PLANTATION, FL 33317

Title: TRES () Delete
Name: LATONA, JASON P TRES
Address: 3041 CARAMBOLA CIRCLE, SOUTH
City-St-Zip: COCONUT CREEK, FL 33060

Title: BOD () Delete
Name: LATONA, JUSTIN P BOD
Address: 2141 NE 68 STREET, #102
City-St-Zip: FT LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANNE P LATONA

PRES

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date